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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

16

Application Number

10/758,611

Filing Date

14 January 2004

First Named Inventor

David A. Stewart

Art Unit

1794

Examiner Name

Jonathan C. Langman

Attorney Docket Number

ARG-14743-1

ENCLOSURES (Check all that apply)☐

Fee Transmittal Form

☐

Fee Attached

☒

Amendment/Reply

☒

After Final

☐

Affidavits/declaration(s)

☒

Extension of Time Request

☐

Express Abandonment Request

☒

Information Disclosure Statement

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a

☐

Provisional Application

☐

Power of Attorney, Revocation

☐

Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD☐

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☒Other Enclosure(s) (please identify
below):RCE and Fee Transmittal; IDS Certification
Statement; Certificate of Transmission; One
copy each of 2 references cited on IDS☐Certified Copy of Priority
Document(s)☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53 Remarks

Transmittal Form

RCE and Fee Transmittal

Extension of Time Request

Certificate of Transmission

Response to Final Rejection mailed 05 February 2009

IDS Certification Statement

IDS

One copy each of 2 references cited on IDS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

NASA Ames Research Center

Signature

/john schipper/

Printed name

John F. Schipper

Date

04 August 2009

Reg. No.

26,994

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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